

***Medi-Cal Management Information
System and Decision Support System (MIS/DSS)***

***Data Enhancement Functional Specifications
for Capitation Payment Table
Phase 5***



March 23, 2000

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1. Overview

Capitation data will be provided to the MEDSTAT Group by the Department of Health Services. The Capitation data includes the invoiced capitation amounts paid to health care plans. Each record represents the amount paid to a plan for a given aid code, month, and number of members (Member Months). The data is then processed and loaded into the Capitation DataScan table, a custom table created for the Medi-Cal MIS/DSS project, and an extract of this file is created and loaded into Panorama View in an aggregate form. Because of the confidentiality of its data, the Capitation DataScan table is *not* available to all users. The list of authorized users will be supplied by the Department of Health Services.

Figure 1 gives a high-level view of the major conversion processes and helps illustrate the relationship between the processes. The shaded box represents the conversion process being discussed in this section.

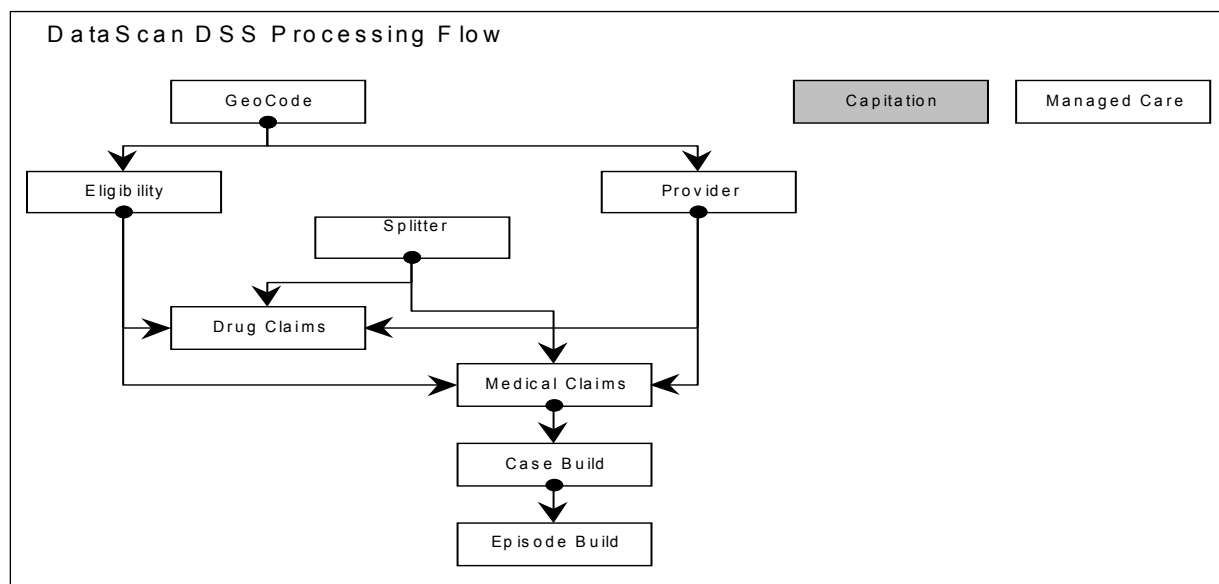


Figure 1. DataScan DSS Processing Flow

2. Prerequisites / Pre-Conversion

This data does not have any prerequisites and does not need to be pre-converted.

3. Indexes

There are no indices set on the Capitation Table because of its small size. As the table size and utilization increases, indexing will be evaluated and implemented if necessary.

4. Input Data

- All values on the input file will be positive.
- Input file layouts can be found in Attachment 1.
- The following matrix describes notable characteristics of the input data:

Field Name	Description
CAP-PHP-CODE	The 3-digit Prepaid Health Plan Code.
CAP-PAYMENT-DATE	This is not the check date, but the date of the invoice.
CAP-SERVICE-DATE	<p>The month/year of coverage for the initial capitation payment (The initial capitation payment is indicated when the adjustment indicator on the input file is <space>).</p> <p>For adjustments (both positive and negative adjustments), CAP-SERVICE-DATE indicates the month in which the adjustment is applicable to. It is NOT the month/year the adjustment has been made. For example, an adjustment for a May 1997 capitation service month may appear on any record with a later payment date.</p>
CAP-PHP-COUNTY	The 2-digit county code of the Prepaid Health Plan.
CAP-AID-CODE	The aid code covered by this record.
CAP-ADJUSTMENT-INDICATOR	The adjustment indicators that identify initial payments, and negative or positive adjustments. The ADJCAP map identifies all the valid value.

Field Name	Description
CAP-NBR-MEMBER-MNTHS	<p>For CAP-ADJUSTMENT INDICATOR = <space>, This field would contain the number of eligibles covered by the capitation payment.</p> <p>For CAP-ADJUSTMENT INDICATOR = 1 or 2, This field would contain the number of member months for the adjustment</p>
CAP-NET-PAYMENT	<p>The check amount of the capitation payment for the specified record.</p> <p>This field does carry pennies.</p>

5. Output Data

- The output field NETPAY does *not* carry pennies.
- Negative adjustments will have a negative value in MBRMOS and NETPAY.
- The following fields are maintained only for Panorama View and will be hidden in DataScan®:
 - ◆ CLMTYPE - Claim Type
 - ◆ PROVSPEC – Provider Specialty
 - ◆ VENDORCD – Vendor Code
 - ◆ SVCCAT – Service Category

6. Reports

The Capitation Convert Program will produce three reports: the Aggregate Statistics Report, the Failed Operations Log (FOLOG) Report, and the Unexpected Values Report. Samples of these reports are included as attachments.

6.1 Aggregate Statistics Report

The Aggregate Statistics Report will document all records that were dropped because of incomplete information or field values that did not fall within a pre-defined range. The Aggregate Statistics Report will include:

- Total number of records received
- Subtotal of records dropped and the reason they were dropped
(For Capitation, records are subtotaled by NETPAY)
- Total of the records dropped
- Total of the records converted

6.2 Failed Operations Log (FOLOG) Report

The FOLOG Report will document records that have not been dropped but fail while converting raw input data into the format required for DataScan. One or more input fields that were not in the expected format (e.g., invalid data or non-numeric data in a numeric field) may cause the failure. The FOLOG Report will include:

The FOLOG Report will include:

- Field name
- Operation Number
- Description of the operation that failed
- Unmapped/undefined values found for that operation
- Count of the number of records with possible errors for that operation
- Percent of Total Records
- NETPAY amount associated with each failed value
- Percent of total NETPAY associated with each failed value

The types of problems that the FOLOG report can highlight are:

- Wrong input file was converted.
- Wrong conversion program was run against the input file.
- Input file format changed.
- Unmapped fields or field values were in the input data.
- Incoming input data values were all blanks or zeros.
- Unexpected field values were present in the input data.
- Improper records were dropped.

NOTE: Refer to the Field Level Detail for more specific information on the FOLOG calls individual fields that are reported on the FOLOG Report.

6.3 Unexpected Values Report

The Unexpected Values Report will be very similar to the FOLOG Report with several additions and will:

- Indicate when a failed value has been previously reported to the State and they have indicated that it is in fact a failure
- List the unmapped/undefined values found for each operation by PHPCODE

The fields on the Unexpected Values Report are a subset of the FOLOG Report and are driven by two Excel spreadsheets. The first spreadsheet is a list of FOLOG operation numbers to be included in the report. The second is a list of previously approved values to map to other/invalid for each operation number. The State has the responsibility of determining fields (of those listed in the FOLOG Report) to include in the Unexpected Values Report.

7. Selection / Drop Criteria

Inclusion/exclusion criteria processing occurs at the beginning of the Capitation process, before any of the steps listed in the high-level process flow section.

Each drop condition will be identified separately on the Aggregate Statistics Report or on a separate build report.

7.1 Capitation Payment Date Format Invalid

Drop records if the Capitation Payment Date (CAP-PAYMENT-DATE) is not a valid date.

7.2 Capitation Payment Date Outside the Database Window

The DataScan database stores 30 months of paid data. During each monthly update the window moves up a month, with a new month of paid data being added, and the oldest month rolling off. Drop records where the Capitation Payment Date (CAP-PAYMENT-DATE) is earlier or later than the 30-month database window.

7.3 Eligible County Invalid

Drop records when the Eligible County (CAP-PHP-COUNTY) is not validated against the ELIGCNTY map, matching on: CAP-PHP-COUNTY = ELIGCNTY Code.

7.4 Aid Code Invalid

Drop records when the Aid Code (CAP-AID-CODE) is not validated against the ELIGCAT map, matching on: CAP-AID-CODE = ELIGCAT Aid Code. The ELIGCAT map contains a list of valid Federally Funded Program (FFP) Aid Codes to be included in the MIS/DSS.

7.5 Member Months Invalid

Drop records if the number of member months (CAP-NBR-MEMBER-MNTHS) is not numeric. Drop records if the number of member months (CAP-NBR-MEMBER-MNTHS) is equal to zero and the adjustment indicator (CAP-ADJUSTMENT-INDICATOR) is a value of space, 1 or 2. Other adjustment indicator values represent withholds and paybacks and may have a member months value equal to zero and will not have an aid code value.

7.6 Capitation Payment Invalid

Drop records if the payment amount (CAP-PAYMENT) is invalid. The payment amount is considered invalid for any of the following conditions:

- Is not numeric
- Is equal to zero
- Is larger than the allowable amount (999,999,999.00)

7.7 Duplicate Records

Check for records that are duplicated. After all the field level conversions have been performed, if the combination of key fields is identical, the duplicated record is dropped. The key fields are:

- PHPCODE, PDDATE, SVCDATE, ELIGCNTY, AIDCODE, ADJCAP, MBRMOS, NETPAY

8. Process Flow / Data Enhancements

- If the converted ADJIND field is a '1' (negative adjustment), the fields MBRMOS (Total Member Months) and NETPAY will be negated.
- The input field CAP-NET-PAYMENT does carry pennies and the output field NETPAY does *not* carry pennies. Therefore, rounding will occur during the data conversion process.
- The fields CAP-PHP-CODE and CAP-AID-CODE are left justified and blank filled and must be right justified and zero filled before any conversion processing occurs.

9. New Installation Considerations

There are no installation considerations, including special processing to consider.

10. Update Processing Considerations

MEDSTAT receives a monthly update file from the State for Capitation. This file contains the most recent month of processed capitation data and can include numerous values in the PDDATE field. The Capitation Update Process is as follows:

- The monthly update file is processed by the Capitation Convert Program using the RUNDATE parameter that indicates update processing. When the RUNDATE parameter specifies an update, the convert program verifies the PDDATE is within the 30-month window.
- Copy the current production Capitation Table to a worktable.

- Add the converted data into the worktable.

If a duplicate (based on key fields in Section 7) is found on both the current production table and the converted data, the record from the production table (first received) will be retained and the record from the converted data will be deleted.

This differs from the Managed Care Plan Financials conversion update process, which chooses the record “last received” for retention, because we are checking for duplicates by using all of the primary key identifier fields (PHPCODE, PDDATE, SVCDATE, ELIGCNTY, AIDCODE and ADJCAP) and all of the value fields (MBRMOS and NETPAY). In the Capitation conversion update process, we are trying to prevent duplicate values, whereas in the Managed Care Plan Financials conversion update process we check for duplicates using only the primary key identifier fields and are replacing the value fields with new data.

- Send the converted monthly update file to Panorama View.
- Delete data from the Work Table that is prior to the 30-month database window.
- Verify the worktable and if correct, continue to the next step. Otherwise, research and correct.
- Copy the worktable to the Production Capitation Table. (If possible, this should be concurrent with the “flipping of the switch” to the new database window)
- Verify the new Production Capitation Table and if correct, approve release of table to the user.

11. Maps and Validation Tables

Maps are used to validate source values before moving them as DataScan® output or to look up values for the DataScan® output based on source values. Each map should be sorted by the source values before the conversion program is executed. It is recommended that a map be sorted each time it is updated. Hardcopy and Softcopy (for very large maps) of these maps are provided in the Maps section of the System Design Deliverable. Maps used in Capitation processing include:

Map	Fields	Purpose
ELIGCAT	AIDCODE	Used in Selection/Drop Criteria (See Prior section)
	ELIGCAT	Used to obtain value for ELIGCAT using AIDCODE
ELIGCNTY	ELIGCNTY	Used in Selection/Drop Criteria (See Prior section)

Map	Fields	Purpose
ADJCAP	ADJCAP ADJIND	Used to validate the ADJCAP value and to assign the MEDSTAT ADJIND field. Also used to determine whether the MBRMOS and NETPAY fields are positive or negative values.
CDBFOLOE	N/A	Failed Operations Log (FOLOG) Report – FOLOG operation numbers to be included in the report.
FLGKEYCA	N/A	Used by the Unexpected Values Report – FOLOG operation numbers to be included in the report
FLGAPRCA	N/A	Used by the Unexpected Values Report – values approved to map to other/invalid
NETPROD	PHPCODE NETWORK	Used to validate PHPCODE Used to obtain value for NETWORK using PHPCODE

12. Tagging

There are no fields that have values tagged from other tables.

13. Summary of Document Changes

<u>Date</u>	<u>Author</u>	<u>Phase</u>	<u>IRs</u>	<u>Description of Changes</u>
03/09/00	T. Wright	5	N/A	Changed wording in section 6, Reports from: “The Capitation Convert Program will produce two reports...” to : “The Capitation Convert Program will produce three reports...”.
8/27/99	K. Key	5	1034	In the Maps and Validation Tables section, removed MBRMOS and NETPAY as fields that use the ADJCAP map.
8/27/99	K. Key	5	1207	In the Update Process Considerations section, added an explanation as to why the retention of records (first vs. last) is different from the Managed Care Plan Financials conversion update process.
8/27/99	K. Key	5	N/A	Clarified the description of Cap-Service-Date, under

<u>Date</u>	<u>Author</u>	<u>Phase</u>	<u>IRs</u>	<u>Description of Changes</u>
				the Input Data Section, to say that the adjustment is the month it is applicable to, not the month is made.
8/24/99	K. Key	5	1207	Added drop condition for duplicate records. Deleted item under Process Flow about each unique PHPCODE, PDDATE, SVCDATE, ELIGCNTY, and AIDCODE combination being able to have only one adjustment indicator. Modified the item under Process Flow to indicate the MBRMOS and NETPAY will be negated in the converted ADJIND is '1'. Modified Update Processing Considerations section to add duplicate record checking when adding the converted data into the work table.
8/24/99	K. Key	5	1317	Removed the drop condition for dental PHP Codes.
8/23/99	K. Key	5	1368	Added section for new Unexpected Values Report. Added sample report as attachment. Updated Maps and Validation Tables section with CDBFOLOE, FLGKEYCA and FLGAPRCA.
8/23/99	K. Key	5	1034	Modified the drop condition for MBRMOS=0 to only drop when the input ADJIND is blank, 1 or 2. The other ADJIND codes represent withholds and paybacks and may have MBRMOS=0 and not have an aid code. Added CAPCV-ADJ-CAP to the Capitation Load File Layout (CRCCAPP2).
8/20/99	K. Key	5	1468	Moved remaining drop conditions (Eligible County Invalid and Aid Code Invalid) from the phase-specific drop logic document to the Capitation background document. Removed county restrictions when validating aid code against the ELIGCAT map. Removed references to AFDCAID map. The use of

<u>Date</u>	<u>Author</u>	<u>Phase</u>	<u>IRs</u>	<u>Description of Changes</u>
				the AFDC AID map to identify TANF codes ceased beginning with Phase 5, because all aid codes are being accepted for all counties.
4/28/99	K. Key	4	1362	Reordered section 7, Selection/Drop Criteria, to be in the same order that the drops actually occur. Added another drop criteria for Capitation Payment Dates that are not valid dates.
				Updated attachment of sample Aggregate Statistics Report to reflect the new drop criteria category and the reordering of the counts.
2/4/99	K. Key	4	N/A	Added output file record layout attachment.
2/4/99	K. Key	3	1231	Updated input file record layout attachment.
1/28/99	K. Key	3	1231	Reformatted section 7, Selection/Drop Criteria.
				Corrected amount of allowable amount on drop condition for payment amount (from 999,999,999.99 to 999,999,999.00).
				Added new drop condition for Dental PHP Codes (400-408 and 681-684). Updated sample Aggregate Statistics Report to display new drop condition.
1/25/99	K. Key	4	N/A	Added attachments of sample reports.
1/15/99	C. Hubbert	4	N/A	Modification to Section 10 – Update processing considerations because of State Walkthrough.
12/31/98	C. Hubbert	4	739	Reformatted background document into standardized format
11/24/98	C. Hubbert	3	723	Included Section on Monthly Update
11/23/98	C. Hubbert	3	996	Changed NONFFPAIDCODE Map to AFDC AID Map in Mapping Section ; Added Revision Log
6/12/98	C. Hubbert, J. Dittman	3		New Document.

Attachment 1. Sample Aggregate Statistics Report

CSBSTAT	MEDI-CAL		PAGE : 1
AGGREGATE STATISTICS FOR CAPITATION PAYMENTS FROM 06/01/96 TO 11/30/98			DATE : 03/23/1999
			TIME : 14:43:05
	# OF RECS	PAY-AMT	

# RECS READ	25,330	3,613,713,729.16	

PHPCODE DENTAL INVALID	3,267	57,374,893.00	
PAID DATE FORMAT INVALID			
PAID DATE OUTSIDE RANGE	2,880	397,872,531.86	
COUNTY NOT IN ELIGCTY			
AID CODE NOT IN ELIGCAT	186	874,740.87	
AID CODE NOT IN AFDCAID	6,964	162,024,982.22	
MEMBER MONTHS NOT NUMERI			
MEMBER MONTHS = ZERO			
PAYMENT NOT NUMERIC			
PAYMENT = ZERO	8		
PAYMENT > 999999999.00			

TOTAL RECS DROPPED	13,305	618,147,147.95	
# OF ENR RECS CONVERTED	12,025	2,995,566,581.21	

Attachment 2. Sample Failed Operations Log (FOLOG) Report

MEDFOLO	MEDI-CAL				PAGE : 1	
EXTERNAL FOLOG REPORT - CAPITATION CONVERT				DATE : 10/22/1998		
				TIME : 13:09:26		
INPUT FILE : CAPITATION CONVERT						
NUMBER OF RECORDS : 9,544		TOTAL NETPAY : \$		0.00		

FIELD	OPR OPERATION	FIELD	%OF TOT	NETPAY	%OF TOT	
NAME	NO. DESCRIPTION	VALUE	COUNT RECORDS	AMOUNT	NETPAY	

TOTAL NUMBER OF FAILURES :		0				
TOTAL NUMBER OF OPERATIONS :		6				
AVERAGE FAILURES/OPERATION :						
AVERAGE FAILURES/RECORD :						

XREF LIC/CLIA	10 PMF PROVLIC/CLIANUM	MISSING	64,529 13.8646	0.00	0.0000	

TOTALS FOR THE OPR-NO 10 :			64,529 13.8646	0.00	0.0000	

Attachment 3. Sample Unexpected Values Report

MDU120	MEDI-CAL					PAGE : 1	
UNEXPECTED VALUES REPORT - CAPITATION CONVERT					DATE : 08/12/1999		
					TIME : 15:42:44		
INPUT FILE : CAPITATION CONVERT							
NUMBER OF RECORDS : 19					TOTAL NETPAY : \$ 0.00		

FIELD	OPR OPERATION	NEW FIELD	PHP	ERROR %OF TOT	NETPAY %OF TOT		
NAME	NO. DESCRIPTION	VALUE	CODE	COUNT RECORDS	AMOUNT	NETPAY	

NETWORK-ID	2 MEDICAL PLAN	*		1 5.2632	0.00	0.0000	
		300		1 5.2632	0.00	0.0000	
		* 421		1 5.2632	0.00	0.0000	
		985		1 5.2632	0.00	0.0000	
TOTALS FOR THE OPR-NO 2 :				4 21.0526	0.00	0.0000	

SERVICE DATE	3 SERVICE DATE	001997		1 5.2632	0.00	0.0000	
TOTALS FOR THE OPR-NO 3 :				1 5.2632	0.00	0.0000	

Attachment 4. CRCCAPP1 – Capitation Payment Input File Layout

```

000010*****
000020* CRCCAPP1
000030*
000040* THIS IS THE CAPITATION PAYMENT RECORD FOR THE CONVERT
000050* REPLACE THIS WITH THE RAW DATA RECORD LAYOUT FROM THE
000060* DATA MANAGER - 56 CHAR. LONG
000070*****
      05 :PFX:-PHP-CODE          PIC X(03) .
      88 :PFX:-DROP-PHP-CODE-TRUE  VALUE '681' THRU '684'
                                   '400' THRU '408' .

IR1231*PATCH TO DROP DENTAL RECORDS FROM CONSIDERATION.
      05 :PFX:-PAYMENT-DATE.
          15 :PFX:-PAYMENT-YEAR      PIC X(04) .
          15 :PFX:-PAYMENT-MONTH     PIC X(02) .
          15 :PFX:-PAYMENT-DAY       PIC X(02) .
      05 :PFX:-SERVICE-DATE.
          15 :PFX:-SERVICE-MONTH    PIC X(02) .
          15 :PFX:-SERVICE-YEAR     PIC X(04) .
      05 :PFX:-PHP-COUNTY           PIC 9(02) .
      05 :PFX:-AID-CODE             PIC X(02) .
      05 :PFX:-ADJUSTMENT-INDICATOR PIC X(01) .
      05 :PFX:-NBR-MEMBER-MNTHS     PIC 9(07) .
      05 :PFX:-PAYMENT              PIC 9(10)V99 .
      05 FILLER                    PIC X(15) .

```

Attachment 5. CRCCAPP2 – Capitation Load File Layout

```

000100*****
000200*   CRCCAPP2                                           *
000300*                                           *
000400*   THIS IS THE OUTPUT RECORD FOR THE CAPITATION PAYMENT CONVERT *
000400*   IT IS USED TO LOAD THE DATASCAN TABLE           *
000500*****
      01   CAPP-CONVERT-RECORD.
IR1034*NEW FIELD.
      05   CAPCV-ADJ-CAP                                PIC X(01) .
      05   CAPCV-ADJ-IND                                PIC S9(01)V COMP-3.
      05   CAPCV-AID-CODE                                PIC X(02) .
      05   CAPCV-CLAIM-TYPE                              PIC X(01) .
      05   CAPCV-COUNTY-CD                              PIC S9(02)V COMP-3.
      05   CAPCV-DENTAL-PLAN-CD                          PIC X(03) .
      05   CAPCV-ELIG-CAT                                PIC X(02) .
      05   CAPCV-MEMBER-MONTHS                          PIC S9(07)V COMP-3.
      05   CAPCV-NET-PAY-AMT                             PIC S9(09)V COMP-3.
      05   CAPCV-NETWORK-ID                             PIC X(03) .
      05   CAPCV-PD-DATE                                 PIC X(10) .
      05   CAPCV-PHP-CODE                                PIC X(03) .
      05   CAPCV-PROV-SPEC                                PIC X(02) .
      05   CAPCV-PROVIDER-CNTY                          PIC S9(02)V COMP-3.
      05   CAPCV-SVC-CAT                                 PIC S9(04) COMP.
      05   CAPCV-SVC-DT                                  PIC X(10) .
      05   CAPCV-VENDOR-CD                              PIC X(02) .
      05   CAPCV-PV-RUNDATE                             PIC X(10) .

```

Attachment 6. Field Level Detail

The field-level specifications that follow this document are in alphabetical order by output field name.

When reviewing the field level detail of the Data Enhancement Functional Specifications, assume that Selection/Drop criteria section specified in this background document has been executed and the record has *not* been dropped.